

Southern York County School District
Glen Rock, Pa 17327

FAMILY DENTIST REPORT

Stat law requires that while a child is in the first year, third year and in seventh grade, a dental examination must be completed.

We do not wish to examine a child in school if he/she is being cared for by his own dentist. It is wasteful of our tax dollars to duplicate an examination. However, there must be a signed statement from your dentist in order not to do the examination at school.

Please return the dental report to the school no later than January 15. The school dentals will be scheduled after that date if the form is not returned.

NAME OF STUDENT _____

NAME OF TEACHER _____ GRADE _____

The above named child last visited my office on _____. At that time all necessary dental corrections were made. (Date)

_____ Yes _____ No If the answer is no, fill in the following:

This child is in need of treatment for one or more of the following:

Primary teeth _____ Fillings _____ Extractions _____

Permanent teeth _____ Fillings _____ Extractions _____

Diseases of the supporting tissues _____

Gross Malocclusion that is producing a facial deformity or is interfering with function _____

Cleft Palate and/or Cleft Lip _____

Other congenital malformations _____

Prosthetic replacements for lost or missing teeth _____

This child is currently under treatment _____ Yes _____ No

Has received Topical F applications? _____ Yes (Date) _____ No

Dentist's Signature _____, D.D.S.

Please Print Dentist's Name _____

Dentist's Address _____

Date Submitted _____